Gloucester Community Emergency Response Training
Candidate Application
Persons 18 Years or older
Please print in blue or black ink and fill out application entirely.
Failure to complete entire application may result in denial of training.

By completing this application in its entirety, you will help the instruction team understand the general profile of the class they are teaching. Submitting an application does not guarantee admittance to the next scheduled class. However it assures that your interest is recorded.
(You will be notified of the next available class)

Personal Information:

Name_____
        Last   First   MI

Date of Birth:_____Age:_____SSN#:_____/ _____/_____ Yrs in Gloucester:_____

Street Address:_____APT/UNIT_____

City:_____State:_____Zip Code:_____

What is your profession?_____

Home Phone: (____)_____-_____Work Phone(____)_____-_____ext.:_____

Cell Phone: (____)_____-_____ Pager: (____)_____-_____

Do have an alternate way to contact you? (i.e.Email, Fax)_____

Emergency Contact Information

Name_____
        Last   First

Street Address:_____APT/UNIT_____

City/Town:_____State:_____Zip Code:_____

Home Phone: (____)_____-_____Work Phone: (____)_____-_____ext.:_____

Cell Phone: (____)_____-_____ Pager: (____)_____-_____

Have you ever been convicted of a felony?   Yes   or   No

If yes, explain:_____

☐ <u>Consent for limited background investigation</u>

Upon conditional acceptance to the Community Emergency Response Training Program, I will consent to a criminal records check and provide my SSN# and Date of Birth. Please initial box.

Give a brief description of background and/or special training:

_____
_____
_____
_____
_____
_____

What were you hoping to accomplish by participating in the Community Emergency Response Training Program?

_____
_____
_____
_____

Signature of Applicant:_____Date:_____

Please Print Name: _____

Please complete and return to:

Gloucester CERT
Gloucester City Hall
9 Dale Avenue
Gloucester, MA. 01930

For CERT Administration Use Only

☐ Application Accepted   ☐ Application Denied – Reason_____
CERT Class enrolled in: _____
Date Acceptance/Denial Notification Made_____
Notification Made by ☐Mail   ☐Phone   ☐ Email